

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Henry L Eiserloh MD**

Mailing Address 4334 Harvard Ave

City

Baton Rouge

State

LA

Zip Code

70808-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baton Rouge Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	5		

**Transaction ID : 7330616**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Craig H Rosen MD**

Mailing Address 1802 Champlain Dr

City

Voorhees Township

State

NJ

Zip Code

08043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inspira Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	5		

**Transaction ID : 7330617**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Lawrence D Dorr MD**

Mailing Address 671 Bellefontaine Street

City

Pasadena

State

CA

Zip Code

91105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	5		

**Transaction ID : 7330619**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

**TOTAL** This Period (last page this line number only)..... ►